

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5		4				
6	1					
7		1				
8		1				
9		1				
10		1				
11		2				
12	1					
13		1				
14		2				
15		2				
16		2				
17	1					
18		1				
19		1				
20		1				
21		1				
22		1				
23		6				
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49						
50						
TOTAL IND.	4					
TOTAL DEP.	31					
TOTAL CLAIMS	35					

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						